



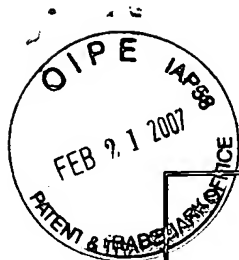
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	Various – See Attached
		Filing Date	Various – See Attached
		Applicant	KRAUS, David Ray
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	4	Attorney Docket Number	Various – See Attached

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Paul E. Lewkowicz P.C.		
Signature			
Printed name	Paul E. Lewkowicz		
Date	2/15/07	Reg. No.	44,870

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	See Supplemental Sheet
Filing Date	See Supplemental Sheet
Applicant	Kraus, David Ray
Title	
Art Unit	
Examiner Name	
Attorney Docket No.	See Supplemental Sheet

I hereby appoint:

☒ Practitioners at Customer Number

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Firm or Individual Name Address City State Zip Country Telephone Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	2/8/07
Name	Dr. David Ray Kraus	Telephone	508-281-6737
Title & Company	President, Behavioral Health Laboratories		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

**POWER OF ATTORNEY OR AUTHORIZATION
OF AGENT
(Supplemental Sheet)**

Attorney Docket No.:

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